Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN205AGC	A. BUILDING _____ B. WING _____	C 01/28/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE	2690 MARGARET DR RENO, NV 89506

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on January 28, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Complaint #NV00020778 was substantiated. The following deficiencies were identified:	Y 000		
Y 680 SS=G	449.271(1) Gastrostomy Care NAC 449.271 Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he: 1. Requires gastrostomy care. This Regulation is not met as evidenced by: Based on record review and interview on 1/28/09, the facility admitted a resident requiring gastrostomy care on 1/26/09.	Y 680		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 680	Continued From page 1 Findings include: The file for Resident #1 revealed that the resident was admitted to the facility on 1/26/09 with a gastrostomy tube (g-tube). There were physician orders in the file for home health nursing services to check the g-tube site and for medications to be administered through the g-tube. There were also orders for the resident to receive bolus tube feedings of Ensure every six hours and 200cc of water to be flushed through the g-tube opposite of the bolus feedings, every six hours. The administrator was interviewed. When asked who was giving the resident the tube feedings her initial response was that the home health nurse was doing providing all of the feedings. The administrator later admitted she was giving the tube feedings because the home health nurse was unable to come to the facility as often as was ordered. She stated she did not know that she was not supposed to admit a resident requiring gastrostomy care. She stated that she was unaware that she should not give tube feedings. Severity: 3 Scope: 1	Y 680		
Y 770 SS=G	449.2724(1)(a)(b) Contractures NAC 449.2724 1. A person who has contractures must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless the contractures do not adversely affect the ability of the resident to perform normal body functions and: (a) The resident is able to care for the	Y 770		

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Y 770	Continued From page 2 contractures without assistance. (b) Supervision in caring for the contractures is provided by a medical professional who is trained to provide such supervision. This Regulation is not met as evidenced by: Based on record review on January 28, 2009, the facility admitted a resident with a right arm contracture. The file was reviewed for Resident #1. The file contained documentation that Resident #1 the resident was admitted on 1/26/09 with a contracture in his right upper extremity. The facility's admission assessment indicated Resident #1 needed assistance with all activities of daily living. The resident's file indicated that the resident was a quadriplegic from a cervical fracture, had a fractured right humerus and clavicle, and a left below the knee amputation. The resident was unable to care for the contracture and there was no documentation that supervision of the care of the contracture was being provided by a medical professional. Severity: 3 Scope: 1	Y 770		